46. Aortic Disease

1. Thoracic Aortic Dissections
    - **Stanford A** dissections represent nearly two-thirds of all thoracic aorta dissections, surgical or endovascular repair is indicated.
    - **Stanford B** dissections represent only a third of dissections and are generally treated with aggressive medical management. Indications to operate include an enlarging hematoma, involvement of the aortic arch (i.e., conversion to Stanford A), aortic dilation >5 cm, saccular aneurysm development, progressive narrowing of the true lumen with side-branch occlusion, or inability to control blood pressure. Most transluminal endovascular stent-graft studies have focused on the Stanford B dissections that meet surgical criteria.

   DX CT
   TX Labetalol

2. Thoracic Aortic Aneurysms
    - Ascending: 40–50% Arch: 10–15% (Surgical)
    - Descending (including thoracoabdominal): 35–45% Endovascular therapy
    - Operative events are high

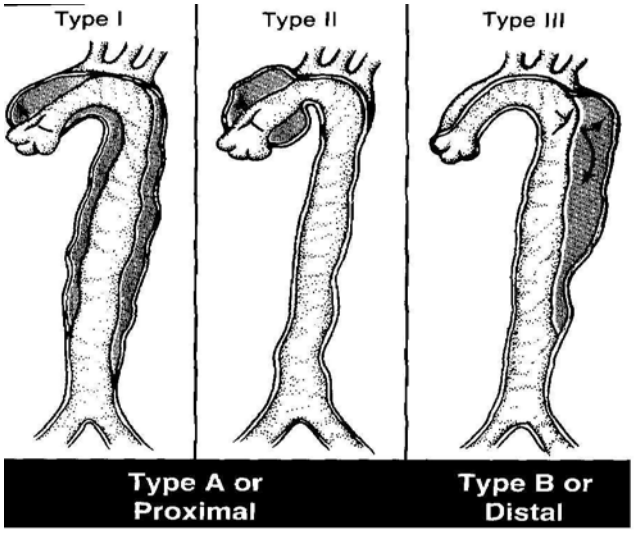
3. Abdominal Aortic Aneurysm: 2% of the elderly population
    a. grow at 0.2 cm/year up to 3 cm/year
    b. >5–6 cm have a 6–20% risk of rupture per year
    c. Surgical repair carries a 2–5% mortality rate
    d. used was a self-expanding nitinol stent covered with 0.1 mm woven polyester fabric

   Location:
   -Infrarenal: 95%,
    - Type A-AAA (no involvement of the aortic bifurcation)
    - Type B-AAA involving Iliacs

   -Proximal or Suprarenal: 5%

4. Aortoarteritis Syndromes
    - Takayasu's Arteritis, Giant Cell (Temporal) Arteritis, Ankylosis Spondylitis, Reiter's

DeBakey



Stanford

Infrarenal AAA
Type A